Date:

SCHOLAR FELLOW NAME AND DEGREE

ADDRESS LINE 1

ADDRESS LINE 2

CITY, STATE ZIP CODE

Dear Dr./Mr./Ms. [NAME HERE]:

Your current appointment as a [Position Title] in the [Department / Institute/ Program/ Center of\_\_\_/Division of\_\_\_\_\_(if applicable)] expires on [ Appointment End Date]. Per your discussion with [Faculty Member], I regret to inform you that we will not continue your appointment for an additional term.

As required by the University of Maryland School of Medicine [Scholar Policy](https://www.medschool.umaryland.edu/media/som/offices-of-the-dean/academic-administration/docs/fellows/ScholarFellowPolicy1124.pdf), this is a 90 day notice informing you that your appointment will be terminated effective [ Enter termination date].

I appreciate your efforts in supporting the [Department / Institute/ Program/ Center of\_\_\_/Division of\_\_\_\_\_(if applicable) ] and wish you success in your career. If you wish to discuss this further, please do not hesitate to contact our department.

Sincerely,

[***Department Chair or Institute/Program/Center Director]***

Acknowledged:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

[ Include candidates full name]